COMPANY NAME:	
THIS SHEET PREPARED BY:	
PREPARER'S TELEPHONE NUMBER:	
PREMIUM TAX CONTACT	IDAHO IN-STATE ADJUSTER CONTACT
Person to contact:	Company name:
Mailing address:	Person to contact:
City, State, Zip:	Mailing address:
Phone #:	City, State, Zip:
Fax #:	Phone #:
Email:	Fax #:
Toll-free #:	Email:
	Toll-free #:
FORM 36 OUTSTANDING AWARDS	SECURITY CHANGES
Person to contact:	Person to contact:
Mailing address:	Mailing address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:
Toll-free #:	Toll-free #:
IC-2/327 REPORT ON WORKERS' COMPENSATION COMPENSATION INDEMNITY PAYMENTS	ON MEDICAL-ONLY PAYMENTS WORKERS'
Person to contact:	
Mailing address:	
City, State, Zip:	
Phone #:	
Fax #:	
Email:	
Toll-free #:	
ISIF (INDUSTRIAL SPECIAL INDEMNITY FUND) ASSESSMENT BILLING	
Person to contact:	
Mailing address:	Thank you for helping us work more efficiently with
City, State, Zip:	you. Please return the completed form to:
Phone #:	Fiscal Section
Fax #:	Idaho Industrial Commission
Email:	P.O. Box 83720 Boise, Idaho 83720-0041
Toll-free #:	2000, 10000 0071